



- 1.) I wish to be considered for
 May Intake November Intake Please check
- 2.) I wish to be contact by the school so that I may make
arrangements to write the entry test in my community.
 Yes No Please check

APPLICATION FOR ADMISSION

Date: _____

Applicant Information (Please print or type):

Last Name

First Name

Middle Name

Current Address: _____

Number

Street

Apt.

City

Province

Postal Code

Mailing Address: _____
(if different from above)

Number

Street

Apt.

City

Province

Postal Code

Home Phone (_____) _____ Work/Cell Phone (_____) _____ ext: _____

E-mail Address: _____

Date of Birth: ____/____/____
 DD *MM* *YY*

Place of birth: _____

Are you employed? Yes No

Do you have finances available for your education? Yes No

Do you plan to work while attending school? Yes No

Present housing information: Rent Own home Board Live with parents

Enrollment and Educational Information:

Have you previously applied to CADH? Yes No If yes, when? _____

Have you previously enrolled at CADH? Yes No If yes, when? _____

High School Attended:

Name: _____

Address: _____
Number Street Apt. City Province Postal Code

Have you taken:

Grade 12 University Preparation/Advanced **OR** College Preparation/General English**

Yes*

No

Grade 11 University Preparation/Advanced **OR** College Preparation/General Biology**

Grade 11/12 Chemistry

**Official documentation must be provided*

***Minimum mark of 60% required for University Preparation and/or Advanced level courses, and 70% for College Preparation and/or General level courses*

Date of graduation or anticipated graduation: _____

Post Secondary Education:

Please provide the name and location of **all colleges and universities** attended prior to application at CADH, including dates of attendance and degrees expected or earned (attach separate sheet if necessary).

<i>Name of School</i>	<i>Location</i>	<i>Dates attended</i>	<i>Degree earned/anticipated</i>

References:

Please provide two individuals we may contact as references:

Name: _____

Address: _____
Number Street Apt. City Province Postal Code Phone Number

Occupation: _____ Number of years known: _____

Name: _____

Address: _____
Number Street Apt. City Province Postal Code Phone Number

Occupation: _____ Number of years known: _____

Please read carefully:

I certify that the information on this application is accurate and complete, and I understand that all required credentials must be submitted before an admissions decision will be made. I understand that it is my responsibility to ensure all supporting documentation has been submitted to the school. I authorize CADH to maintain all my records and understand that these records that have been received by CADH in support of my application will become the property of CADH and may not be reproduced or returned.

Date

Applicant's Signature